

**CITY OF LOCKPORT
APPLICATION FOR NEW BUSINESS PERMIT**

Welcome to the City of Lockport!

As the City wants to ensure that you, your employees, and the public's health, safety and welfare are provided for, before your business opens, we need to make sure that the building meets the minimum requirements and standards for your business. Therefore, the Lockport Building Department and the corresponding Fire District will need to perform two (2) inspections of the premises. The pre-inspection needs to be performed prior to any interior work and/or set-up for the business. The second inspection needs to be performed after all interior work and/or set-up are completed but before opening to the public. If food is being served, the Will County Health Department will also need to approve the facilities and procedures.

You may NOT open for business until you have received a certificate of occupancy.
Opening prior to obtaining an occupancy certificate will result in penalty fees being assessed.

Depending on your location, contact Lockport Township Fire Dept. at (815) 838-3287 **OR** Homer Township Fire Dept. at (815) 836-2710 for their inspection. Please contact Will County Health Dept. at (815) 727- 8490 for inspection of food handling.

Please complete this application and submit to the Building Department. Once your pre-inspections have been completed, we will contact you to issue the permit so you may move into your space. A floor plan layout may be required; you will be notified upon initial review of the application whether one is necessary.

Name of Business: _____

Address of Business: _____

Type of Business: Retail () Office () Manufacturing () Warehousing () Other ()

Explain: _____

Type of Products/Services: _____

Number of Employees: _____

Days of operation: _____ Hours of Operation: _____

Size of Building: _____

Single or Multiple Occupancy Building? _____ Zoning of Property: _____

Will this Business have a vending machine? ____ Yes ____ No (If yes please contact the City Clerk)

Will any new signage be installed? (Ex: Window, Free Standing, Awning, Etc.) ____ Yes ____ No

*Any new/change in signage will require a separate permit, please see Sign Application for more information.

Owner Information:

Business Owner: _____

Address: _____

Phone #: _____ After Hours Emergency #: _____

Property Owner: _____

Address: _____

Phone #: _____ After Hours Emergency #: _____

I hereby certify that I have read, understand and agree to conform to all governing information and regulations set forth by the City Council of Lockport. I understand I am not to open my business until a FINAL occupancy certificate has been issued to me.

Printed Name: _____ Phone #: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Permit #: _____

Fee: \$50.00

Bldg. Dept. Approval: _____

Date: _____

Planning Dept. Approval: _____

Date: _____

Fire Dept. Pre-Inspect Date: _____ (if required)

Building Pre-Inspect Date: _____ (if required)

Final Inspections Completed:

Building	Yes	No	Date: _____
Plumbing	Yes	No	Date: _____
Fire Department	Yes	No	Date: _____
Health Department	Yes	No	N/A Date: _____

Final Occupancy Certificate Issued on: _____

Processed By: _____



Sanitary & Water Usage Form
This information is for Public Works use

Please fill out items applicable to your business
& return with your application for new business permit.

1. Name of Business: _____
Address: _____ Phone #: _____
City: _____ St: _____ Zip _____

2. Name & Title of contact signing this form:

3. Name of parent company: _____
Address: _____
City: _____ St: _____ Zip: _____

4. Type(s) of operation: Office () Manufacturing () Warehousing () Other ()
Explain: _____

5. Types of products/services: _____

6. Number of personnel employed per shift and per occupation:

	Office Personnel	All Other Personnel
A. Daytime Shift:	Avg: _____ Max: _____	Avg: _____ Max: _____
B. Evening Shift:	Avg: _____ Max: _____	Avg: _____ Max: _____
C. Night Shift:	Avg: _____ Max: _____	Avg: _____ Max: _____

7. Plant Operation: Total hours per day: _____
Total hours per shift: _____
Total Days a week worked: _____

8. Is water used in any process such as fouling, cleaning, mixing, painting, manufacturing, rinsing, etc.?
Yes _____ No _____

9. If cooling water is utilized, are any chemicals added?
Yes _____ No _____

10. Is any chemical, paint, oil, ink, dye or solvent used in your business or is your business involved in food or beverage processing or preparation?
Yes _____ No _____

11. Signature: _____ Date: _____

User: _____
 Address: _____

 City: _____
 Phone at Site: _____

Authorized Rep: _____
 Title: _____
 Staff: _____
 Date: _____
 Classification: _____

1. Connection Permit if known: _____ 2. Employee Number: _____

3. What production or service is performed at this site?

4. Define applicable categorical processes and sub-processes and complete information below: None

Category #	Date Process Started	Category and Process	None CIU
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

5. Define unregulated waste streams:

6. Define dilute waste streams (boiler blow down, non-contact cooling/blow down, demineralized backwash, sanitary):

7. Is water discharged? ___ Yes ___ No
 Please describe: _____

8. Is waste pretreated? ___ Yes ___ No
 If yes, please describe: _____

9. Is process flow equal to or greater than 25,000 gpd? ___ No ___ Yes **SIU**

10. Is process flow equal to or greater than 5% of the average dry weather flow? ___ No ___ Yes **SIU**

11. Is process discharge equal to or greater than 5% of the organic capacity? ___ No ___ Yes **SIU**

12. Is process regulated based on adverse effect? ___ No ___ Yes **SIU**

13. Is process regulated based on the potential to violate PT standards or requirements? ___ No ___ Yes **SIU**